

**California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form
Statewide, County and Hospital of Occurrence by Infant Race/Ethnicity: 2004**

	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
State	CALIFORNIA	African-American	26,141	18,314	7,981	70.1	30.5
State	CALIFORNIA	American Indian	542	415	249	76.6	45.9
State	CALIFORNIA	Asian	43,553	36,557	17,422	83.9	40.0
State	CALIFORNIA	Hispanic	270,248	225,842	78,303	83.6	29.0
State	CALIFORNIA	Multi-Race/Other	31,438	26,345	16,127	83.8	51.3
State	CALIFORNIA	Pacific Islander	788	538	216	68.3	27.4
State	CALIFORNIA	White	144,335	125,905	89,126	87.2	61.8
State	CALIFORNIA	Missing	4,514	3,537	2,014	78.4	44.6
State	CALIFORNIA	TOTAL	521,559	437,453	211,438	83.9	40.5
County	STANISLAUS	African-American	143	94	45	65.7	31.5
County	STANISLAUS	Asian	241	169	55	70.1	22.8
County	STANISLAUS	Hispanic	4,761	3,990	1,424	83.8	29.9
County	STANISLAUS	Multi-Race/Other	410	329	199	80.2	48.5
County	STANISLAUS	White	3,300	2,698	1,821	81.8	55.2
County	STANISLAUS	Missing	73	43	15	58.9	*
County	STANISLAUS	TOTAL	8,942	7,327	3,561	81.9	39.8
Facility	DOCTORS MEDICAL CENTER	African-American	88	50	25	56.8	28.4
Facility	DOCTORS MEDICAL CENTER	Asian	111	68	24	61.3	21.6
Facility	DOCTORS MEDICAL CENTER	Hispanic	2,592	2,162	824	83.4	31.8
Facility	DOCTORS MEDICAL CENTER	Multi-Race/Other	204	167	108	81.9	52.9
Facility	DOCTORS MEDICAL CENTER	White	1,513	1,185	858	78.3	56.7
Facility	DOCTORS MEDICAL CENTER	Missing	51	24	9	47.1	*
Facility	DOCTORS MEDICAL CENTER	TOTAL	4,568	3,658	1,849	80.1	40.5
Facility	EMANUEL MEDICAL CENTER	Asian	34	27	5	79.4	*
Facility	EMANUEL MEDICAL CENTER	Hispanic	937	795	101	84.9	10.8
Facility	EMANUEL MEDICAL CENTER	Multi-Race/Other	45	33	14	73.3	*
Facility	EMANUEL MEDICAL CENTER	White	391	326	121	83.4	31.0
Facility	EMANUEL MEDICAL CENTER	TOTAL	1,425	1,194	245	83.8	17.2
Facility	KAISER EMANUEL MEDICAL CENTER	Asian	47	39	8	83.0	*
Facility	KAISER EMANUEL MEDICAL CENTER	Hispanic	372	319	61	85.8	16.4
Facility	KAISER EMANUEL MEDICAL CENTER	Multi-Race/Other	41	32	8	78.1	*
Facility	KAISER EMANUEL MEDICAL CENTER	White	378	331	145	87.6	38.4
Facility	KAISER EMANUEL MEDICAL CENTER	TOTAL	858	739	225	86.1	26.2

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	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
Facility	MEMORIAL MEDICAL CENTER	African-American	33	27	16	81.8	*
Facility	MEMORIAL MEDICAL CENTER	Asian	48	34	18	70.8	*
Facility	MEMORIAL MEDICAL CENTER	Hispanic	659	533	367	80.9	55.7
Facility	MEMORIAL MEDICAL CENTER	Multi-Race/Other	116	94	67	81.0	57.8
Facility	MEMORIAL MEDICAL CENTER	White	903	757	633	83.8	70.1
Facility	MEMORIAL MEDICAL CENTER	TOTAL	1,764	1,447	1,103	82.0	62.5
Facility	OAK VALLEY DISTRICT HOSPITAL	Hispanic	201	181	71	90.1	35.3
Facility	OAK VALLEY DISTRICT HOSPITAL	White	112	96	62	85.7	55.4
Facility	OAK VALLEY DISTRICT HOSPITAL	TOTAL	323	285	136	88.2	42.1

Data Source: Genetic Disease Branch, Newborn Screening Data, 2004

Note 1: Data shown only for facilities listed as 'Regular Maternity', 'Kaiser', 'Alternative Birth Center', 'Pediatric', and 'Military' in the newborn screening database.

Note 2: Infant race/ethnicity is based upon mother and father race/ethnicity as recorded on the birth certificate.

Note 3: Data for facilities and counties with fewer than 25 total births with known type of feeding are not shown.

Note 4: Percents of any and exclusive breastfeeding are not shown for fewer than 20 events.

Note 5: Numbers of any and exclusive breastfeeding are not shown for fewer than 5 events.

Note 6: "Any Breastfeeding" includes those exclusively breastfeeding and those supplementing breastfeeding with formula. "Exclusive Breastfeeding" includes those who breastfeed only.

Note 7: Breastfeeding initiation rates vary widely by maternal characteristics. Data presented in these tables are not risk adjusted. Comparisons between facilities or among geographic locations should be made cautiously.

Note 8: The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories describing 'all feedings since birth' (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hypereal and (5) Other.

Note 9: The denominator used to compute the percent any and percent exclusive breastfeeding data is "Total Known Feeding". Births with missing or unknown method of feeding are excluded. In 2004, 2.78% of all births in California had missing or unknown feeding data.